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Walking Through the Darkness:
Pastoral Care to Survivors of Traumatic Loss
by
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Skidmore College, Master of Arts in Liberal Studies Program
March 2013
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Abstract:

The aim of this thesis is to define and expand on the experience of traumatic loss and to examine the helpful role that pastoral caregivers play in supporting survivors of traumatic loss. The thesis will discuss and analyze theological and psychological responses to traumatic loss that are both “life-giving” or growth-oriented and “life-limiting” or growth-inhibiting. Its goal is to serve as a guide for pastoral caregivers who are caring for with bereaved people “walking through the darkness” of traumatic loss.

Part I will begin with an overview/analysis of the grief process, and parts II and III will build on the claim that traumatic loss is complex, warranting its own space for theological and psychological study. Part IV of the paper will examine theological responses to grief and traumatic loss, expanding on Pargament et al.’s (2006) work on spiritual orienting systems. Parts V and VI explore the role of pastoral caregivers in the grief process, delving into the ministry of presence and identifying healing practices, including an overview of the role of social support, prayer, forgiveness, meditation, and guided imagery.

In conclusion, this thesis argues pastoral caregivers have a unique and impactful role in supporting survivors of traumatic loss. The goal is for this thesis to offer guidelines, both practical and theological, for pastoral caregivers and to contribute to the overall healing of those affected by traumatic loss.

I. Introduction

*The Lord is my shepherd, I shall not want.
He makes me lie down in green pastures; he leads me beside still waters;
he restores my soul.
He leads me in right paths for his name's sake.
Even though I walk through the darkest valley, I fear no evil;
for you are with me; your rod and your staff—they comfort me.
You prepare a table before me in the presence of my enemies;
you anoint my head with oil; my cup overflows.
Surely goodness and mercy shall follow me all the days of my life, and I shall dwell in the
house of the Lord my whole life long.*

~ Psalm 23 (New Revised Standard Version)

Our lives are a pilgrimage, a journey towards an unknown destination. Along our way, we experience love, joy, hope, sadness, fear, helplessness, despair and everything in between. Most of us have experience and familiarity with loss and grief, and we know the suffering a profound loss brings. The process of grief can be emotionally and physically agonizing, affecting our physiology, our sense of selves, our relationships with others, and our understanding of the world and of God. Certain losses can lead us to question the existence of God and of goodness in the world.

Traumatic loss, the type of loss this thesis will examine, is a loss that is particularly shattering to the self and to survivors' interpretation of the environment around them. Traumatic loss is unique and warrants a distinctive space for study and exploration. Traumatic events are "extraordinary", as Judith Herman asserts in *Trauma and Recovery*, "not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life"¹. Herman states such events "confront human beings with the extremities of helplessness and terror"². In the depths of the helplessness and terror, survivors of traumatic loss feel bewildered, alone...in the darkness.

Climbing out of the darkness takes time and is no easy ascent. Survivors of traumatic loss turn to their beliefs and values about the world, their spirituality, their communities, and their own inner strength to attempt to make sense of the senseless and to create a new storyline of their lives. This process of making new meaning, of restoration, often finds the bereaved facing obstacles and cross-roads in their pilgrimages, where there is no clear direction or answer. The pilgrimage is a walk of uncertainty but of new discoveries.

Thomas Long, in his book *What Shall We Say: Evil, Suffering, and the Crisis of Faith*, proposes that theodicy, the question of how divine purpose relates to the occurrence of suffering and misfortune in the world, should be explored *Solvitur Ambulando*, a Latin phrase meaning, “it is solved by walking”³. Walking allows us to have a “completely different way of knowing, a knowing that comes only to those who are actively engaged in questions they are asking”⁴. We should walk, Long asserts, “in the light of Christ...be honest about what we cannot see...attempt to reason logically, while admitting that logic and reason can get us only so far”⁵. Walking *through* grief, versus around it, attends to the voids where reasoning and intellect cannot fulfill.

The beginning sections of this paper will invite the reader into the world of grieving persons walking through the experience of traumatic loss and will honor the space of darkness that traumatic loss often creates. The later sections attend to the process of longer-term meaning-making. The goals of the thesis are to acknowledge and validate the psychological and emotional effects of trauma, to provide guidance for finding theological meaning and through the process of grief, and to affirm the important role of pastoral caregivers to survivors of traumatic loss by identifying ways pastoral caregivers are a healing presence to grievers.

Grief can be intensely lonely, and survivors of traumatic loss may feel disconnected because others do not understand their pain. Grievers may also feel disconnected from themselves, like a

stranger in the midst of their own experience. As Thomas Merton writes, “When a man or woman suffers, they are most alone”⁶. While this is true, pastoral caregivers provide meaningful support and guidance in companioning one another in the darkness of grief. We can be present to others’ pain, witness it and bear it along with them. Pilgrimaging *Solvitur Ambulando*, with one another, leads to healing through a creation of a new understanding – of the self and of the world.

II. The Grieving Process – Definitions and Analysis

*Do not clutch it
Let the wound lie open
Let the wind from the good old sea
blow in to bathe the wound with salt
and let it sting.
Let a stray dog lick it
Let a bird fly in the hole and
sing a simple song
like a tiny bell and let it ring.*

~ Michael Leunig

Defining Grief and Loss

While the focus of this essay is traumatic loss and unexpected death, it is important to note that *loss* does not always mean loss through death. Loss can relate to a lot of different life experiences. Any major change in life, such as a move to a new city, a job change, a marriage or a divorce is a loss. Loss can also relate to losing a significant object or a losing functioning in a part of the body. *Grief* is a response to loss, and the grief experience is influenced by many factors, a significant one being our intensity of the attachment to what is lost¹.

Anderson and Mitchell, in their book *All of our Losses, All of our Grievs*, recognize six major types of loss: material, relationship, intrapsychic, functional, role and systemic². *Material* loss is the loss of a physical object; *relationship* loss is the “ending of opportunities”³ to share experiences with another person; *intrapsychic* loss is the “experience of losing an emotionally

important image of oneself”⁴; *functional* loss is the loss of function of the body; *role* loss is the loss of one’s social role in a social network; and *systemic* loss is a loss experienced by an individual and/or a whole system when a function disappears from the whole⁵. Oftentimes, the grief experience encompasses multiple types of loss, making the grief process multifaceted, with compounded emotional challenges.

Intertwined with Anderson and Mitchell’s identification of six types of loss is the *type of relationship* with what is lost. It seems the more connected and attached the survivors are to what is lost, the greater the suffering. Additionally, certain relationships are more complex than others, making the grief process a complicated sorting of emotions⁶. Another factor that influences the grief process, as it relates to death, is the type of death or the way a person dies. Unannounced death differs from expected death, violent death is different from a more “peaceful” death, and long and painful deaths differ from quick progression toward the end of life. As previously stated, the grief process is influenced by many factors, and some factors are easier to identify than others.

Common Characteristics of Grief

*Sorrow makes us all children again — destroys all differences of intellect.
The wisest know nothing.*

~Ralph Waldo Emerson

There are common emotions many individuals experience through the grief process, such as emptiness, isolation, loneliness, fear, anxiety, guilt, sadness or anger⁷. It is not surprising that the literal meaning of “bereaved” is “torn apart”⁸. A loss of a part of the self (“A part of me died...”), identity (similar to role loss), personality (“I just don’t feel like myself”) or health (physical symptoms) is common⁹. Because of this hurt to the self, grief can be very disorienting.

Compounding the disorienting feeling of grief is the unpredictable nature of it. Anderson and Mitchell argue the unpredictability connects to the sometimes erratic emotions that often accompany grief: “The nature of our attachment to a person or object is often formed without conscious awareness. It is therefore difficult to anticipate the intensity or the complexity of grief”¹⁰. The feelings of grief may erupt at any moment¹¹.

A common desire in the face of grief is to search for the lost object or person. This is especially true when the object or person was previously part of daily life – something or someone whose presence was experienced through sensory contact¹². Even when we are aware that what is lost is no longer present, we still engage in searching¹³. Sometimes the searching results in finding. People searching for the deceased sometimes feel his or her presence nearby¹⁴, which is often found to be consoling to the bereaved. It is not uncommon for the bereaved to want assurance that their deceased loved one is okay and at peace, and they seek ways to remain connected¹⁵. Though our western culture seems to discourage continuing a relationship with a person who has died¹⁶, other cultures encourage an “appropriate relationship of memory”¹⁷. Continuing a relationship with the deceased, in some form, is often very comforting to grievers. In Wolfelt’s soulful guide, *Companioning the Bereaved*, he references playwright Robert Anderson who reminds us, “Death ends a life; it does not end a relationship”¹⁸.

Many grieving people want reassurance that their deceased loved one did not feel pain when he or she died. This seems especially true in situations of violent death, when there is likelihood of body disfigurement¹⁹. In Sherwin Nuland’s book, *How We Die*, a horrific scene is described when a mother, Joan, witnesses the violent murder of her nine year old daughter, Katie, at Connecticut town fair. At the crowded street fair, a complete stranger, a thirty-nine year old man with schizophrenia, stabbed the young girl repeatedly with a hunting knife. “Using all of

his strength, up and down, up and down, in rapid pistonlike motions, the assailant was hacking away at Katie's face and neck"²⁰, Nuland writes. He continues, "Except for the ferocious chopping of that unrelenting arm coming down again and again on the silent child, there was almost no movement in the unearthly scene"²¹. This unimaginable terror happened in front of Joan's eyes.

In the months that followed Katie's death, Joan thought a lot about what Katie experienced in those moments before she died. Nuland shares Joan's reflection : "How much pain did she feel? I needed to know that. I saw her bleed all the blood out of her body when she vomited. Her chest and face were covered with cuts and gashes...I had to know what she went through, what she felt..."²². As we will explore more fully in the coming pages, sometimes these painful images, the memory of the horror, continue to harm the grief-stricken for years, decades or even for the rest of trauma survivors' lives.

Guilt is a common emotion of the bereaved, especially in cases of unexpected death. People who support the bereaved should be particularly sensitive to the agonizing questions of survivors who may be seeing themselves as involved in the fatality of their loved one²³. Guilt is frequently present in survivors responding to cases of accidental death and suicide. Survivors of suicide are at particular risk for self-blame, and the social stigma that often accompanies a suicidal death adds to the complexity of the grief process²⁴. Survivors of suicide are at higher risk for morbidity and mortality in their first year of bereavement, so professional assistance may be needed²⁵. Unexpected death related to an undiagnosed medical problem may also create self-blame in survivors; the grief-stricken may question what symptoms they missed or taking on responsibility for not urging their loved one to seek medical attention sooner²⁶.

While it is helpful to acknowledge some common responses to loss and grief, it is necessary to honor that the grieving process is a unique journey. Because the grief process is shaped by the individualized way we interpret the world, grief is always a personal process. No two people grieve in the exact same way. Even when several people are grieving the loss of the same deceased person, the griever will experience the loss in his or her own unique way. This is why speaking the words, “I know exactly how you feel”, when we are counseling or comforting the bereaved, are usually not consoling. Honoring differences, recognizing the uniqueness of the loss, and respecting the personal healing processes of grieving persons are of utmost importance when companioning the bereaved.

Grief is Physical

Grief involves a range of emotions which affect the physiology of the body. In some cases, the autonomic nervous system “takes over”, which manifests in physical symptoms such as heart palpitations, queasiness, digestive problems or dizziness²⁷. Fainting is another common response to grief²⁸. Other physical symptoms may accompany the exhaustion that comes along with grief – headaches, muscle tightness and body pains²⁹. Disturbed sleep is also a very common symptom of grief – insomnia, sleeping too much and/or having nightmares are reported frequently³⁰ as is general restlessness³¹. All of these responses can be viewed as a part of a “broader pattern of sympathetic arousal in response to the stress of the separation”³².

Typically, the more obvious physical symptoms of grief occur in the beginning of the grief journey³³ but they may return at times such as birthdays, anniversaries, or holidays³⁴ or at other unanticipated times. Additionally, as the bereaved become more aware of the reality of loss, the physical dimension may resurface. As a griever’s mind “approaches and retreats from

the reality of a death over and over again”³⁵, he or she slowly integrates the meaning of the loss into his or her life.

As demonstrated throughout this thesis, the grief experience is not just an emotional one. It is a process that involves and affects the body, mind and spirit. Healing through grief attends to the *whole* self.

The Grief Spiral

*Grief is like a bomber circling round and dropping its bombs each
time the circle brings it overhead.*

~ C.S. Lewis

Some of us think of grief as a linear process, one that has a beginning and an end with defined stages in between. Anyone who has experienced a profound loss knows the grief process does not follow a defined set of stages, and the feelings associated with loss sometimes do not ever go away. Even Elisabeth Kubler-Ross, the pioneer and educator who raised awareness of the grief process and caring for the bereaved in her 1969 text *On Death and Dying*, advised that the “Five Stages of Grief” or the “Grief Cycle” are meant to be a guide or framework, not a fixed process³⁶. Kubler-Ross notes that not everyone progresses through the five stages: denial, anger, bargaining, depression and acceptance. Some stages may be revisited, others may be skipped³⁷. Each mourner grieves in a different way.

The grief process does not progress in a straight line, and the feelings of loss sometimes linger for years, decades or for the rest of our lives. Though the bereaved often hear the words, “time heals all wounds”, they are not always consoling nor do they always feel true to the grief-stricken. As Henri Nouwen says in *A Letter of Consolation*, “Real grief is not healed by time...If time does anything, it deepens our grief”³⁸. A fitting description of the grief process is one

Anderson and Mitchell describe as a spiral, which begins with the loss at an emotional “low”, and it continues spiraling upward from that point. Along the way, the griever circles back to a similar place as the “low” oftentimes brought on by a trigger such as a birthday, anniversary or a memory³⁹. As cited by Anderson and Mitchell, C.S Lewis writes in *A Grief Observed*, “Grief is like a long, winding valley where any bend may reveal a totally new landscape...Not every bend does. Sometimes the surprise is the opposite one: you are presented with the same sort of the country you thought you had left behind miles ago. That is when you ponder whether the valley isn’t a circular trench. But it isn’t. There are partial recurrences, but the sequence doesn’t repeat”⁴⁰.

Like a spiral with circles close together, healing or heading upward may occur slowly and subtly. It is possible that the grief-stricken may feel moments of joy followed by moments of sadness, deep despair or anger, all in the matter of a few minutes. This intense range of emotion – the ups and downs experienced so close together – looks and feels like a spiral. The spiral model, as opposed to a linear one, “promotes genuine freedom to feel one’s feelings. The powerful loss, never completely left behind, may be rediscovered around the next corner”⁴¹.

Paradoxical Experience of Grief

To heal in grief one must turn inward, slow down, embrace pain, and seek and accept support.

~ Alan Wolfelt

The needs of a grieving person are often paradoxical. Feelings of loneliness often accompany grief, and there is a need to be with people who can offer care, comfort and empathy. However, Anderson and Mitchell suggest that isolation during grief is necessary. In the midst of vulnerability, the grief-stricken need a safe place to be, and isolation offers a safe place.

Anderson and Mitchell pose that “The invisible walls that shut out even the closest friends are sometimes necessary for a time”⁴².

It is important to note that while some isolation is necessary, “isolation” may not always mean being physically alone with one’s feelings. In the initial days of grief, being physically alone may not be the safest space for a grief-stricken person, especially in cases of traumatic loss. Isolation may be found with others, as Parker Palmer asserts in his book *A Hidden Wholeness*. Palmer describes the paradoxical needs in his description of a safe place, a circle of trust: “In a circle of trust, we practice the paradox of ‘being alone together’, or being present to one another as a ‘community of solitudes’...To understand true self - which knows who we are in our inwardness and whose we are in the larger world – we need both the interior intimacy that comes with solitude and otherness that comes with community”⁴³.

Cultural Response to Grief

Our contemporary version of stoicism borders on denial. The good story refuses denial, and thus stands against social pressures.

~ Arthur Frank

The “otherness that comes with community”, as Palmer writes, is invaluable during times of grief, and the right kind of social support can be instrumental in the healing process. But, the wrong kind social response can be damaging, and our culture does not always embrace and accept grief for what it is. The normal, yet painful, feelings and thoughts that accompany the grief process are sometimes viewed by North American culture as unnecessary and inappropriate⁴⁴. Generally speaking, our culture is uncomfortable with public displays of emotion, and oftentimes, the grief-stricken feel as though they need to stay home until their grief is under control⁴⁵.

Wolfelt, in his book *Companioning the Bereaved*, refers to the “buck-up therapy” the bereaved often face, which carries with it messages such as “just keep busy” or “keep your chin up”⁴⁶. Unfortunately, these messages translate into a feeling of shame or a belief that mourning or expressing grief is wrong, and the bereaved may respond by internalizing emotions, denying feelings, or avoiding or repressing pain⁴⁷. As this thesis will demonstrate in the coming sections, one should not go around grief. As Wolfelt explains, denying the grief “denies one the essence of life”, putting one at risk for “living in the ‘shadow of the ghosts of grief’”⁴⁸. In order to continue heading upward on the “grief spiral”, the bereaved must walk *through*, not around, the “wilderness”⁴⁹ of grief. It is in the wilderness, the “no place”⁵⁰, that we discover and begin to create a new person, a new experience in a new place.

III. Defining Traumatic Loss and Trauma

Defining Traumatic Loss

*There is sort of an invisible blanket between the world and me.
I find it hard to take in what anyone says¹.*

~ C.S. Lewis

Traumatic loss, as it relates to death, differs from “normal” grief in that there is no time to anticipate the death, and the bereaved often experience helplessness, loss of control, and a generalized sense of horror². Traumatic loss is “outside the range of normal experience”³, and it overwhelms the bereaved, challenging the survivors beyond what we associate with bereavement⁴. Neimeyer, in his essay, *Traumatic Loss and the Reconstruction of Meaning* (2010), defines traumatic loss occurring “when the circumstances of a loved one’s death are traumatic (as in cases of death through homicide, suicide, or disfiguring accident) or when the lost itself violates the “natural order” (as in the untimely death of children or young adults)⁵.

In her book, *In the Presence of Grief*, Dorothy Becvar shares journal reflections on the traumatic loss of her twenty-two year old son, who died in a bicycling accident in 1987. Three weeks after her son's death, Becvar wrote, "Everything seems so wrong to me. One minute I have a strong, healthy, vital son who is doing nothing more harmful than training for triathlons. The next minute his body is so injured I cannot recognize him. Healthy people shouldn't just die...Parents shouldn't outlive their children"⁶. In an entry two days later, Becvar wrote, "I can't get it out of my mind that my son has just been snatched away from us. But this gets confused when I walk by his picture, which smiles back at me and he seems to be here with us just as he always was..."⁷. As Becvar's reflections demonstrate, traumatic loss poses a unique challenge to survivors. Trauma is hard to comprehend and absorb because of its overwhelming nature. We will discover more fully in coming sections that traumatic loss frequently harms a survivor's understanding of what life is all about - that there is justice and order in the world, that we live in a benevolent universe and that God is loving and good⁸. Enduring traumatic loss can be nearly unbearable, deeply affecting the bereaved emotionally, physically and spiritually.

While this thesis is focused on traumatic loss, it is important to be mindful that anticipated death can also be devastating to our emotional worlds. The intent of this paper is to focus on the theological and emotional challenges of traumatic loss as defined by Neimeyer, Herman and others. It is not meant to, in any way, minimize the loss experience when death is expected nor does it intend to make assumptions around when a loss is perceived as "traumatic" to survivors. It should also be noted that loss, by means of death, is deeply painful and disorienting, regardless of the cause or circumstance of the death. As referenced by Ken Doka, May (1973) states, "In the presence of death our philosophies and moralities desert us"⁹.

The disturbance is not of remembering, but it is of the memory.

~ Arthur Frank

An event or experience becomes traumatic when it is internally, subjectively perceived as such¹⁰, and what differentiates a traumatic event from a more ordinary, stressful experience is that trauma overwhelms people's capacity to cope¹¹. Traumatic events are “inescapable” and “unmanageable”, disabling normal strategies for coping and overwhelm cognitive functioning¹². Serene Jones describes the neurological after-effect in laymen's terms in her book *Trauma and Grace*: “In the normal course of things, the information that we receive in experience goes through a time-stamping machine that marks it for storage in the appropriate part of the brain. When a traumatic experience occurs, the information rushes in too fast and furiously to be marked: it leaps over the time-stamper and, because it cannot be processed and stored, simply wanders and consistently replays itself”¹³.

There are several central features of trauma, which differentiate an event as “traumatic”. These characteristics include the order of magnitude, the presence of violence and/or fear, and a high level of intensity either in a one-time occurrence or a repeated event such as a constant threat of domestic violence¹⁴. Trauma has ongoing and oftentimes complicated effects, which can remain long after the initial wound¹⁵. Trauma victims often experience a breakdown of the sense of self, a lack of agency¹⁶ and a changed understanding of the world as a safe place. Sometimes, trauma survivors develop long-lasting psychological damage, resulting in Post-Traumatic Stress Disorder or PTSD. Symptoms of PTSD include hyper-arousal, dissociation, intrusive memories, loss of memory, compulsion to repeat the event, avoidance, loss of hope and isolation¹⁷. The diagnostic criteria for PTSD, according to the Diagnostic Statistical Manual of

Mental Disorders (DSM-IV), include “a history of exposure to a traumatic event and meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning”¹⁸.

It is important to note that not every traumatic experience has long-lasting effects. As stated throughout this essay, the grief experience is unique and personal, and no two people grieve in the same way. Adults who do not show visible distress following a loss or traumatic event are sometimes viewed as “pathological or rare and exceptionally healthy”, but research is disproving this assumption¹⁹. Evidence referenced in a 2004 article in *American Psychologist* suggests that resilience is common, and it can be reached through a variety of pathways, including certain personality traits such as hardiness, repressive coping and positive emotion and laughter²⁰. If a griever is not demonstrating a strong stress response in the wake of loss, it does not necessarily mean that the absence of grief will translate to a delayed appearance of grief²¹. However, delayed PTSD “does appear to be a genuine, empirically verifiable phenomenon”²². Having said this, it is helpful to note that PTSD is relatively rare, occurring in 5-10% of exposed people²³.

The word *trauma*, whose origin is the ancient Greek word meaning “wound”²⁴, is now being understood as an injury to the brain, which affects our “interior worlds” or psyches²⁵. In a 2012 *The Washington Post* article in, Frank Ochberg, a professor of psychiatry at Michigan State University is quoted saying, “There is a certain kind of shattering experience that changes the way our memory system works”. The article continues, “The intensity of the trauma, whether it is a rape, car crash or horrifying combat, is so overwhelming that it alters the physiology of the brain. In this sense, PTSD is more like a bullet wound or a broken leg than a typical mental

disorder or disease”²⁶. The evolving understanding of post-traumatic stress may lead to changes in the Diagnostic and Statistical Manual, which will have a revised version in May 2013.

Robert Neimeyer, in *Traumatic Loss and the Reconstruction of Meaning* (2010), speaks to the memories associated with trauma, which “frequently take the form of fragmented or dissociated images, sensations, and emotions...which reside at the level of the amygdala, relatively unmediated by the conscious control exercised by the neocortex”²⁷. Neimeyer explains the hyper-arousal a traumatic experience creates: “When this system is triggered by events that have only a slight resemblance to the instigating trauma, the result is a chronically hyper-aroused limbic system and susceptibility to intrusive memories alternating with attempted avoidance”²⁸. This explanation provides understanding around why trauma victims are frequently hyper-vigilant, are startled easily and also have a tendency to display characteristics of avoidance.

Neimeyer points to a very important aspect of trauma, which will be studied throughout this thesis. This key point relates to the challenge of creating a language or narrative around the traumatic event, which connects to the sometimes lingering effects of trauma. Neimeyer explains that traumatic memories, which are “constructed under conditions of high arousal are ‘pre-narrative’”, and they can persist for years or even decades²⁹. Following a traumatic experience, there is a need to create an account of the experience, and being aware of one’s hyper-arousal and learning to self-soothe allows one to have the ability to gradually construct an account³⁰. Creating a language around an adequate account of the experience is a necessary step in the healing process, but it is a very difficult one. A counselor can assist a griever in becoming aware of his/her emotional and physical symptoms and also help a griever reconstruct a narrative at psychological, social spiritual levels³¹. Eventually, through the recovery from trauma, a survivor must “relearn the self” and also “relearn the world”³².

Traumatic Loss Stirs Theological Questions

If God's goodness is inconsistent with hurting us, then either God is not good or there is no God: for in the only life we know He hurts us beyond our worst fears and beyond all we can imagine.

~ C.S. Lewis

Carrie Doehring references Judith Herman's work in her essay *Theological accountability: The hallmark of pastoral counseling* (2009), posing that challenges the ordinary person to be a theologian. Herman writes in *Trauma and Recovery* (1992), the survivor "stands mute before the emptiness of evil, feeling the insufficiency of any known system of explanation"³³. A traumatic loss, one that shatters survivors' worldview stirs deep questions around God's goodness, human goodness and general benevolence in the world. *How could a good God allow such unimaginable suffering? Is God absent in the midst of trauma? How does one "move on" with life when so signs of life can be found?*

Shelly Rambo, in her book *Spirit and Trauma: A Theology of Remaining*, asserts that "trauma poses deep challenges to theology"³⁴. She argues that the idea that the resurrection symbolizes "life victorious over death"³⁵ does not address the depths of traumatic suffering. Looking "through the lens of trauma"³⁶, Rambo asserts that trauma "casts the relationship between death and life in the Christian narrative in a much more complex light"³⁷. Trauma, Rambo argues, calls for "unique theological recognition and expression"³⁸.

Trauma, and more specifically, traumatic loss warrants its own space for theological examination. The effects of trauma are unique, complex and far-reaching, affecting the mind, body and spirit in a deep and long-lasting way. The study of trauma, as Rambo puts it, is the study of "what remains"³⁹; it is the "suffering that does not go away"⁴⁰. *How, then, do we find theological meaning in the suffering that remains? How do pastoral caregivers help the grief-*

stricken heal from the wounds created by traumatic loss? How do survivors restore their souls when traumatic has sent them into the darkness?

IV. Theological Meaning-Making

Spiritual Orienting Systems

An orienting system is “a general way of viewing and dealing with the world...a frame of reference, a blueprint of oneself and the world that is used to anticipate and come to terms with life’s events”¹. This orienting system “consists of habits, values, relationships, beliefs, and personality... Spirituality is one aspect of the general orienting system”². Spirituality, as defined by Pargament et. al (2005), “helps orient and sustain people through major life crises and transitions”³. Pargament et. al, in their 2005 article, *Spiritual Struggle: A Phenomenon of Interest to Psychology and Religion*, argue that for many, spirituality is “an ultimate value in and of itself” and pose that viewed from this perspective, “life experiences cannot be understood outside of a spiritual context”⁴. Life experiences that threaten individuals’ spiritual beliefs, practices and values may be especially damaging because “they endanger those aspects of life that the individual holds sacred”⁵. These spiritual beliefs, practices and values can be thought of as our *spiritual orienting systems*.

Spiritual orienting systems are formed in early childhood, shaped and modified through adulthood and are lived out in our everyday lives⁶. Sometimes childhood beliefs, or “embedded theologies”, do not align with espoused beliefs we form in adulthood. This misalignment can create stress and friction and can affect individuals’ lived theologies, the practices we use and the belief systems we rely on for guidance in daily life, and especially during life crises. A stronger,

well-monitored spiritual orienting system helps us handle and cope better with a wider range of stressful life experiences⁷.

Some individuals' spiritual orienting systems have growth-inhibiting or potentially damaging elements, which negatively affect how individuals cope with stressful experiences. These destructive elements may be beliefs and behaviors that are oriented in fear, hopelessness, shame or something not true to the self. An example of a potential harmful belief might be a strong-held belief in a punitive God; a dominant feature of negative religious coping is a belief in a condemning God⁸. A spiritual orienting system that fosters well-being is oriented in growth, hopefulness, creativity and goodness and is true to the self.

Pargament argues that certain factors are of importance when evaluating if spiritual orienting systems are oriented in growth and well-being. What is most relevant is the degree to which the orienting system is *well-integrated* ("walking the talk" or aligning espoused theologies with lived theologies), is *flexible* (changing spiritual beliefs, behaviors, attitudes and coping strategies in response to changes in the environment), is *differentiated* (tolerance to ambiguity and complexity) and reflects belief in a *benevolent* God⁹. These factors, if strongly present in a spiritual orienting system, help the bereaved cope with the emotional stress of grief and with the longer-term development of new meaning through the loss.

Responding to Traumatic Loss

Immediately following a traumatic loss, survivors are not consciously accessing and leaning on their spiritual orienting systems. In the acute phase, while individuals are in shock, they are too overwhelmed to fully acknowledge or absorb the reality of trauma. The initial response is to attempt to feel safe again and to find a centered place in which to stand. During this immediate phase, finding words to express feelings or reactions is nearly impossible. As

Larry Graham notes in his essay *Pastoral Theology and Catastrophic Disaster* (2006), lamentation “becomes possible after initial shock and numbness wears off and when a basic safety net has been established”¹⁰. As time progresses, lament becomes a very important part of the healing process. More on this will follow in upcoming sections.

From a pastoral care perspective, it is generally not useful to explore theodicy during the time of acute loss. While it is helpful to explore theodicy and related questions as an ongoing ministry, in the short-term, the grief-stricken need the “permission to feel”, versus answers to theological questions¹¹. In the immediate term, it is more beneficial for pastoral caregivers to validate feelings, identify the hurt, and acknowledge that “we shall not always feel this way, but this is how we feel now”¹².

Once some sense of safety is restored for the grief-stricken, bits and pieces of what may feel like a nightmare begin to take shape. Some of the holes in the trauma story fill in, and the reality of what has taken place begins to feel true. This process takes time, and the time-frame differs for everyone. At some point in the grief process, theological questions often arise. As spiritual orienting systems are challenged and sometimes broken down, expressions of pain begins to emerge from the darkness.

Search for Meaning

If we say we want to find theological meaning in traumatic loss, it almost sounds as if we need to have a reason, even a good, redemptive reason for the grief and suffering. The terminology “search for meaning” or “meaning-making” is not intended to suggest that traumatic suffering is redemptive. In fact, it is my strong belief that grave suffering, in and of itself, is not ever good, nor is it redemptive. This is not to say that the grief journey is all bad. There is much good to be found and experienced in the midst of suffering, but not in the suffering itself.

Thomas Merton suggests in *No Man Is an Island*, “Suffering, then, becomes good by accident, by the good that it enables us to receive more abundantly from the mercy of God. It does not make us good by itself, but it enables us to make ourselves better than we are. Thus, what we consecrate to God in suffering is not our suffering but our selves”¹³.

A “search for meaning” should not be confused with a “search for answers”. Sometimes answers will never be fully known, as is the case with the Joan, the mother who lost her innocent child at the Connecticut fair and with Dorothy Becvar who lost young, healthy son in a bicycle accident. It is also true with my own family. In 2011, my brother died of a self-inflicted gunshot wound. His traumatic death continues to be a troubling puzzle in many ways. While some pieces of the puzzle are filled in, we will never have the full picture of what led to my brother’s suicide. *Acceptance* becomes part of the meaning-making process: acceptance of both the lack of understanding as well as acceptance of the hard truth of what is known.

What, then, does it mean to *search for meaning*? The meaning of “search for meaning” is difficult to define because it is a unique process for everyone. But, though it is unique, there is a common thread of a need to create a language around an experience suffering, whether it is illness, grief, a traumatic experience, etc. It is through this development of language, which may be in a form of lamentation, that individuals find their own truths. In our “search for meaning”, we become something different through our suffering, and connecting to our newer selves is a different truth, a reconstructed one through our experience. As Arthur Frank puts it in his book *The Wounded Storyteller*, “The truth of stories is not only what was experienced, but equally what becomes experience in the telling and its reception...To think with a story is to experience it affecting one’s own life and to find in that affect a certain truth of one’s life”¹⁴.

Creating language, or as Frank says, “finding our voice”, is really just part of the search for meaning. Expressing our language, telling our stories and receiving others’ stories, seems to be the complimenting piece of the “meaning-making” process. It is in the sharing and in the connecting that we discover what it means to live with each other and for each other. No one is exempt from suffering, but when we witness our own and others’ suffering, healing begins to take shape. We discover ourselves, our new truths, and in the process, we grow towards wholeness.

Building on Spiritual Orienting Systems

My Lord God, I have no idea where I am going. I do not see the road ahead of me. I cannot know for certain where it will end...And I know that if I do this you will lead me by the right road though I may know nothing about it. Therefore will I trust you always though I may seem to be lost and in the shadow of death. I will not fear, for you are ever with me, and you will never leave me to face my perils alone.

~ Thomas Merton

In the search for meaning, there is a great deal of unknown, untouched territory. As survivors of traumatic loss “find their voice”, there is painful time experienced in the darkness, the wilderness, the place of “godforsakenness”¹⁵. The aftermath of traumatic loss often feels void of anything sacred, divine or even good. Given this reality of the nature of trauma, how does one lean on a spiritual orienting system that is grounded in the universal benevolence? How does a survivor tolerate ambiguity that feels like utter anguish? How does one integrate the experience of trauma into his or her existing framework, even if the framework is flexible and evolving to the changing environment? As we have seen in the previous sections, the trauma shatters existing worldviews. So, it seems even Pargament’s astute description of a healthy spiritual orienting system is challenged in the face of trauma.

Of the four factors Pargament cites as contributing elements to a strong spiritual orienting system, the one that paves the way for the others is an orientation in benevolence and the belief in a kind, compassionate God. A belief in loving God, as well as general goodness in the world, helps individuals tolerate uncertainty and to be flexible in a changing world. Belief in a good God is somewhat of an easy thing to do until something happens that is unwarranted, undeserved, and despairingly sad. When trauma strikes, individuals may blame God, feel they are being punished by God or lose faith in God altogether.

Given what we know about trauma and traumatic loss, the goodness and power of God come into question. *What kind of God would allow trauma?* If God is all-powerful, He must not be good. Or, if God is good, He must not be all-powerful. Knowing that bad things do happen, the argument that God is good *and* that God is omnipotent becomes problematic. It seems that one of the components has to yield – either God is not all good or He is not all-powerful. Or, perhaps we should reconstruct the meaning of *power*.

The Power of Presence

*Even though I walk through the darkest valley, I fear no evil;
for you are with me; your rod and your staff— they comfort me...*

Profound loss challenges spiritual orientations and often provokes a “spiritual crisis” because the bereaved feel abandoned by God¹⁶. This feeling is further complicated if the grief-stricken hold a belief in an all-powerful God, one who is in control of all things because the bereaved may feel that God has caused their suffering or chose not to prevent it. Clergy members may exacerbate a feeling of “spiritual disenfranchisement” experienced by the bereaved when they suggest that the loss is “the will of God” and the loved one is now “in heaven and at peace”¹⁷. Grief-stricken people who receive these messages, that loss and suffering is will of

God, have a difficult time connecting with God's goodness and experiencing God's compassion. And, as a result, individuals may abandon their belief systems and their faith communities or engage in negative spiritual coping that leads to further disorientation and despair.

Harold Kushner, a rabbi who lost his young son to a rare degenerative disease, wrote a book about his personal experience with grief and the theological questions that arose in the midst of profound loss. In his book, *Why Bad Things Happen to Good People*, Kushner argues that God is the "God of justice" and not of power¹⁸, and if we can open ourselves up to think of God differently, to acknowledge that God is not in control of all things, then "many good things are possible"¹⁹. Larry Graham, in his article *Pastoral Theology and Catastrophic Disaster*, builds on Kushner's concept of God's limited power. Graham asserts, "God's power, being ordered in all circumstances by loving and just compassion, is not capable of acts of violence and violation. Neither is God able to prevent such acts, because God's power is not unilateral nor omnipotent, but is always limited by other genuine powers operating at all points of the universe"²⁰. Kushner and Graham build the case for a God whose power is different, rooted in love and compassion.

Graham and Kushner make valid assertions, but it is difficult to accept that God may not have as much power as one may have thought. Why call a God "God" if He has limited power? What kind of power does God have if He cannot intervene and prevent suffering? Thomas Long, in his book *What Shall We Say: Evil, Suffering, and the Crisis of Faith*, responds critically to Harold Kushner's theology, arguing that yielding on the idea that God is all-powerful and instead focusing on an empathetic one produces a "pathetic" God, "a God one might find endearing, but not worthy of worship"²¹. Does Thomas Long have a point or is he missing it?

Thomas Long makes very useful and thoughtful points in his book, and his wisdom and intellect have much to offer us. However, I respectfully disagree with Long's suggestion that an

empathetic God translates into a pathetic one. Empathy represents the ability to be fully present to another, to feel what he or she feels. As we will learn more fully in the upcoming section, being fully present to another is hard work because it requires deeply attentive and active listening. Empathy is profoundly consoling and is at the core of effective caregiving²². Our empathetic God is deeply concerned when we suffer, and He guides us to be compassionate and teaches us to be angry at injustice. As Kushner writes, “Instead of feeling that we are opposed to God, we can feel that our indignation is God’s anger at unfairness working through us, that when we cry out, we are still on God’s side, and He is still on ours”²³.

God is empathetic, compassionate, and kind, and He is also powerful. God’s power is not in His ability to control but rather to be present in all places, even in the darkness of traumatic loss. God is *omnipresent*, representing what Catherine Keller calls “another kind of power altogether”²⁴. Allowing ourselves to open up to this different kind of power helps us to understand our interconnectedness to each other, to ourselves and to the realm of transcendence or divine presence. As Shelly Rambo states, citing Keller, “God is powerful, not in God’s distance but in God’s intimate connectedness to all things”²⁵. Engaging and believing in this interconnectedness is described by Keller as “embracing the depths of life, in which are mingled of divinity itself”²⁶. In the midst of this embrace, “we participate in an open-ended creativity”²⁷.

Divine Presence and Traumatic Loss

*River, show me how to float
I feel like I'm sinking down
Thought that I could get along
But here in this water
My feet won't touch the ground
I need something to turn myself around*

*River, oh river, river running deep
Bring me something that will let me get to sleep
In the washing of the water will you take it all away
Bring me something to take this pain away*²⁸

Shelly Rambo, in her book *Spirit and Trauma*, exposes the realities of trauma and the lack of God's presence trauma survivors often feel. Rambo presents an understanding of *Spirit*, which keeps us connected to God, even when we do not feel that we are. Spirit is a "mysterious connection" to God²⁹, one that is "difficult to see, to feel and to touch"³⁰. Rambo describes living in the space of trauma as an "abyss" and Spirit is a "lightly built bridge"³¹, which holds us above true depths of the darkness and prevents us from falling in.

Oftentimes, in the midst of traumatic loss, the grief-stricken do not recognize or see the lightly built bridge carrying them to safety. After recovering from a rare, life-threatening disease, a family friend expressed that she did feel God's presence in her times of despair but she could see His presence "in the rearview mirror". In their darkest moments, it is difficult for the bereaved to see or feel goodness around them. In retrospect, they may see more fully and may, at that point, be able to see God in the rearview mirror or the bridge over the abyss. The bridge might be constructed of comforting letters of consolation from friends, shared stories about the deceased, a kind gesture from a stranger, or the solace of a peaceful, quiet night. In the hardest moments of grief, the bereaved may not register these small things as compassion from God or the presence of universal goodness, but as time passes, they may be appreciated as small steps over the abyss.

V. Pastoral Care and Meaning-Making

The previous sections have provided a contextual and theoretical backdrop to honor the uniqueness of the grief process and the darkness traumatic loss can create in an individual's

emotional and spiritual world. Through proposing that God's power is not supported through His ability to control but rather through His willingness and capacity to be present in all places, including the darkest places – the grief-stricken may find consolation in knowing a lightly built bridge exists over the abyss. God is there, present in those darkest moments, even if His presence cannot be fully felt or acknowledged. Through the process of grief, divine presence is guiding us gently, bearing a portion of our pain, and crying out along with us. Pastoral caregivers play a significant role in connecting grievers to this divine presence. The next sections identify how and why this is true.

Caregivers' Role in the Grief Process

Defining Pastoral Care

A "shepherd" sees to the feeding, well-being and growth of the flock¹.

~ Al Henager

Carrie Doehring of Iliff School of Theology defines *pastoral care* as a "term used to describe supportive and crisis care offered by designated lay and ordained members of Christian communities to those within their community of faith and to those who identify themselves as Christian"². Howard Clinebell, who was a minister and professor of pastoral care, extends Doehring's definition to include growth. Clinebell argues pastoral caregivers have the ability to enable others to develop spiritual and ethical growth, thus enhancing their "aliveness quotient", which measures their ability "to discover and develop life in all its fullness"³. Clinebell states in *Basic Types of Pastoral Counseling*, "helping people learn how to increase the power and aliveness of their faith, their values, their here-and-now contact with the loving Spirit of the universe, is an implicit if not explicit goal of all types of pastoral care and counseling, whatever their other goals"⁴. He asserts pastoral caregivers can be "instruments of healing", enabling

careseekers to learn how to love themselves more fully and God more deeply. The term “healing” warrants further description, which will be addressed in later sections.

Pastoral counseling differs from other forms of counseling because people have spiritual needs, in addition to emotional, physical and social needs, to satisfy and nurture⁵. Pastoral counselors know and understand religious language and are sensitive to differing beliefs and practices. This adds an important dimension to caregiving relationships because oftentimes faith crises as well as “spiritual breakthroughs” occur during times of crisis or immense pain and difficulty⁶.

Ministry of Presence

One of our most difficult duties as humans is to listen to the voices of those who suffer.

~Arthur Frank

Pastoral caregivers are often in the unique position of being present with others during times of significant life change, and grief is one of those times. It is both a gift and a challenge to walk with others in times of grief and sadness. Being “present” with another who is feeling completely vulnerable is not an easy task, but it is incredibly powerful and can be a source of peace and comfort.

Honoring the uniqueness of grief also means to honor the uniqueness of individuals with an open respect for the “other”. Caregivers should be mindful of imposing their own beliefs and values onto careseekers, paying close attention to our tendencies to look for commonalities, universalize our beliefs and to assume people of the same traditions have similar beliefs and practices⁷. In order to be mindful of these things, it is crucial for caregivers to engage in intentional self-awareness monitoring, regularly reflecting on their espoused and embedded theologies. Embedded theologies, the theologies we grow up with, often surface “in the shock of

encountering suffering”⁸, and caregivers may unintentionally judge careseekers or impose views upon them.

Doing the reflective work of identifying and deliberating over embedded theologies allows pastoral caregivers to set aside their own theological frameworks to enter the spiritual world of the careseeker⁹. It is through entering the world of another that lends us to be fully present with a careseeker. There are tools and practices of pastoral care, which are helpful and have their place, but the essence of caring of another – whether it is a pastoral caregiver or a loving companion – is *presence*.

Presence is not about giving up the self for the other nor does it mean to become the other. Rather, being fully present means letting go and also allowing oneself to be open to the mystery that Catherine Keller calls “open-ended creativity”. This means setting aside the more practical tools of pastoral care¹⁰:

Dwelling-with is a standing open to the being of the other person as radical otherness. Rather than pursuing a particular mode of therapy with a particular client-type in order to realize a particular outcome (utopia), one stands open to genuine otherness---a world of mystery which cannot be adequately appropriated by preconceived categories or totalizing systems... We offer ourselves up as a ‘being-for’ in ethical response to the call of the other whom we find here before us: the stranger, the widow, and the orphan¹¹.

When we are open to otherness, to newness, to the mystery of the divine, we participate in and connect with the divine omnipresence. It is paradoxical that we need to “let go” in order to transcend our consciousness to “join with” the mysterious realm of divine. To let go, pastoral caregivers embrace “radical otherness”. The “face of the other”, as Doebling (in-press) writes, citing Diedrich, Burggraeve and Gastmans, is a “living, naked presence” and coming into contact

with *the face* is a moment of transcendence, a kind of deliverance...from the ordinary structures of being”¹².

Receiving Stories

Stories require an interplay of mutual presences: the listener must be present as a potentially suffering body to receive the testimony that is the suffering body of the teller.

~ Arthur Frank

As stated in an earlier section, Neimeyer explains that traumatic memories are “pre-narrative”, and they can persist this way for a long time¹³. After a traumatic loss, when some initial shock has worn off, there is a need to create an account of the traumatic experience. Once the needs of basic safety have been met, the first phase of interpreting a traumatic experience is lament, and lament is a very normal and necessary expression of grief. Larry Graham states in his essay *Pastoral Theology and Catastrophic Disaster* (2006), “Without the capacity to lament, and the caregiver’s capacity to facilitate lamentation, life is further diminished and persons become frozen in time and space”¹⁴, and he adds that lament allows comfort and consolation to be possible¹⁵. Lamentation “both disorients and re-orient us to our world and forces a reconsideration of our beliefs about is goodness and destiny”¹⁶.

Through lamentation, we express ourselves and hear ourselves. Lamentation is oriented in vulnerability and rawness, and it “tells us the truth about our pain”¹⁷. It is this raw honesty that “pushes us to examine the truths we hold about our world”¹⁸. Grievors’ trauma experiences may initially seem full of painful truths, for the pain is all so present. Over time, lamentation evolves into a reconstruction of the trauma narrative. This reconstructed narrative is not a changed version of what really happened. Rather, it is a new story formed out of the traumatic experience that has meaning beyond the suffering and pain. This creation of a “new story” will be expanded

upon in the upcoming section. In this section, the focus is the importance of a *receiver* of mourners' lamentation, accounts and reconstructed stories. As Arthur Frank says, "The truth of stories is not only what *was* experienced, but equally what *becomes* experience in the telling and its reception"¹⁹.

Dorothy Becvar, the author and mother who lost her son in a bicycling accident, writes about the importance of telling stories to someone willing to receive them. For parents who have lost children, Becvar writes, "being able to speak unashamedly means that the parents can tell their story without feeling that others will be put off by the expression of their grief or that they can't handle it. Without a willing ear...[parents] experience something akin to denial, as if the child never lived, the death didn't occur, the pain is not real"²⁰. This willing ear, someone who is able to attend to another's story and be present in another's pain can be an instrument of healing through receiving stories with compassion and empathy.

Receiving stories means careful listening without focusing on the outcome²¹. Receiving painful stories is consoling because the careseeker feels heard and understood, and their hurt is validated and affirmed. It is empathy that consoles a wounded soul and an aching heart. Herbert Anderson, in his article *What Consoles?* (1993), states "The approach to ministry of consolation proposed in this essay changes the question. It is not 'What shall I say?' but rather 'What can I hear?' that will make the difference. If empathy consoles, then listening is much more important than speaking"²².

Receiving another's trauma story, and empathetically listening to it, is very difficult because it means reaching the griever where he or she is. Many times, the griever is in a dark abyss, trying to find the next step of the "lightly built bridge" that is nearly impossible to see or

feel. As Anderson astutely posits, “What can I hear?” is an important question. Pastoral caregivers must ask themselves, *am I willing to meet a mourner in the depths of the abyss?*

Before a caregiver is in a position to receive a mourner’s trauma story in the depths of darkness, a safe space for sharing must exist. Building trust for a safe space is about creating and sustaining hospitality. Henri Nouwen describes hospitality as:

...the creation of a free space where the stranger can enter and become a friend instead of an enemy. Hospitality is not to change people, but to offer them space where change can take place. It is not to bring men and women over to our side, but to offer freedom not disturbed by dividing lines. It is not to lead our neighbor into a corner where there are no alternatives left, but to open a wide spectrum of options for choice and commitment...It is not a method of making our God and our way into the criteria of happiness, but the opening of an opportunity to others to find their God and their way. The paradox of hospitality is that it wants to create emptiness, not a fearful emptiness, but a friendly emptiness where strangers can enter and discover themselves as created free...²³

It is in these safe spaces, where hospitality creates a “friendly emptiness”, that change happens. This change begins the process of the reconstruction of trauma stories and transformation of the self. It is from this change that trauma stories moves beyond their painful depths and become meaningful in a new way, in a way unique to the griever. As Nouwen says, true hospitality allows careseekers to find “their God and their way”. It is in these moments of what Nouwen calls “free space” or what Carrie Doehring calls “sacred spaces” that humans connect with the realm of transcendence, divine consciousness, God or whatever one names as sacred. It is in these times that we participate in God’s open-ended creativity, as Keller names it, and truly join with divine presence.

Deliberating Theologies

The previous sections have focused mainly on the more intangible pieces of pastoral care.

The mutual presence of caregiver and careseeker, who are merged not as one but as radically present to the other, delivers both beyond human consciousness and connects them with realms of sacredness that are life-changing and profoundly restorative. Establishing trust through careful and empathetic listening of lamentation and trauma narratives builds the foundation for restorative change to occur. These pieces of pastoral care cannot fully be described in ordinary language; there is a mystical element that exists.

The ministry of presence is a significant component of pastoral care, and it builds the foundation for pastoral guidance. Presence builds trust, and once trust is established, layering in gentle guidance and joint exploration of spiritual orienting systems furthers healing and fosters post-traumatic growth. Establishing trust enables the timid soul to show itself. As Palmer writes, “Like a wild animal, the soul is tough, resilient, resourceful, savvy, and self-sufficient: it knows how to survive in hard places... Yet, despite its toughness, the soul is also shy”²⁴. Palmer describes the process of creating a “circle of trust”, which involves sitting quietly “in the woods”, waiting for the “shy soul to show up”²⁵.

Once a pastoral caregiver creates a “circle of trust”, he or she can engage in practices to enhance life-giving coping. Life-giving coping is oriented in benevolence, compassion and creativity. Carrie Doehring writes, in an essay about spiritual care in the aftermath of violence, “Enhancing life-giving coping with trauma-related symptoms by exploring and intentionally using religious and spiritual practices that help people feel safe when they re-experience traumatic memories so that they can stay relationally engaged with goodness: their own goodness and the goodness of others and life in general”²⁶ is an important step in the caregiving process. Identifying if coping strategies are life-giving and rooted in connection with goodness enhances grievers’ well-being and overall sense of safety. Doehring continues, “Once clients are

able to use these coping strategies consistently they will be more able to explore their traumatic memories in terms of values and beliefs called into question by the threat and violation of trauma”²⁷.

Research has shown that “positive religious coping” increases posttraumatic growth and decreases psychological and spiritual distress, and conversely, “negative religious coping” leads to increased spiritual and psychological distress²⁸. Pargament et. al (2005) found through their research that individuals engaging in negative coping often believe that God is punitive, are questioning God’s love and are dissatisfied with their religious communities²⁹. A goal of pastoral care is to encourage careseekers’ awareness of positive and negative coping so they recognize the life-giving and life-limiting aspects. Exploring ambivalence around making life-giving choices is a useful tool to increase self-awareness and support accountability.

Journaling is an effective way for mourners to identify and explore beliefs that could be harmful or result in negative religious coping. Journaling can also help grievors monitor beliefs and practices that connect them with goodness³⁰. Journal entries can be discussed in the safe space of pastoral care and can help grievors “claim the values and beliefs that anchor them, integrating them more fully into their spiritual practices, especially when they experience trauma-related symptoms”³¹. Since trauma memories sometimes never go away, it is important for survivors of traumatic loss to remain anchored in beliefs oriented in positive religious coping, such as a benevolent and compassionate God. When experiencing trauma-related symptoms, mourners can use their self-identified coping tools to direct care towards themselves, connecting with compassion from oneself.

A spiritual psychotherapist explained to me, in laymen’s terms, how the brain makes connections to trauma memories. When survivors of trauma encounter triggers or experiences

that causes re-traumatization, the brain connects back to the traumatic event, causing a feeling of helplessness, terror and a lost sense of safety. The body is affected physically, and the fear and anxiety often takes on a life of its own. It is difficult to rationalize one's way out of the re-traumatization symptoms, so all one can do is to direct care to oneself in the moments of severe distress. An individual can even say to oneself, "Brain, I understand why you are making this connection... ", which helps one connect with a sense of compassion. More specific practices for self-soothing and connecting with self-compassion will be identified in a later section.

When trust exists in a caregiving relationship, careseekers are "more likely to enter into a process of reviewing and possibly reconstructing meanings, especially meanings that attribute responsibility for causing harm"³². This process of "reconstructing meanings" can occur in the pastoral care relationship, where a caregiver can help a careseeker reach a "different place from here [he or she] began"³³.

Reconstructing Stories

*We are in the middle of our stories and cannot be sure how they will end; we are constantly having to revise the plot as new events are added to our lives...*³⁴

~ Polkinghorne

Listening to a careseeker's story is a basic ingredient of pastoral care³⁵, and telling stories and reconstructing meanings are key elements of healing and posttraumatic growth for careseekers. Arthur Frank posits in *The Wounded Storyteller* that stories are "a way of re-drawing maps and finding new destinations...The repair begins by taking stock of what survives the storm"³⁶. It is through the telling of our stories that we come to know ourselves.

What is a narrative of a traumatic event and how is one developed? Accounts of traumatic events do not represent "actual life" because they are told after the event³⁷. In the

context of a caregiving relationship, trauma narratives are more like “blended texts”, influenced by context, and are “interwoven interpretations and reflexive analyses”³⁸. Developing narratives, in general, help us process and integrate our experiences, bringing meaning and purpose to our lives. Bronna Romanoff posits “humans shape experience through narrative meaning”³⁹. It is through storytelling that we gain self-understanding, and healing after traumatic loss comes in the “re-authoring of the story”⁴⁰.

Developing an account of a traumatic event involves naming the experience or using language to identify the struggle⁴¹. Because trauma stories are pre-narrative and outside of normal understanding, creating language for the experience can be challenging. Metaphors, then, become very helpful in the process of developing a narrative because they “enable [trauma survivors] to construe the complexity of their lives and aid them in describing elusive, intangible experiences yet to be named. It is not only an attempt to name the abyss; it is also an act of self-understanding”⁴².

Using metaphors involves creating imagery that helps a careseeker connect with the experience of traumatic loss. A caregiver’s statement such as “Tell me about the loss...” can open doors for a careseeker to begin to create language, metaphorical or otherwise, around the traumatic loss. Journaling, as previously noted, is another way to encourage articulate the feelings associate with traumatic loss. Dorothy Becvar wrote in her journal one month after her son’s fatal bicycling accident, “Yesterday was horrible...I felt as though I was being unglued”⁴³. “Being unglued” is a strong image, which with Becvar resonated in the weeks following her son’s death. Becvar’s naming this feeling begins the process for participating in reconstructing her story in a way that can lead to “re-gluing” herself. Writing and naming experiences provides a sense of agency⁴⁴ and involves creativity, which is life-giving. Additionally, writing has

beneficial physical effects; research has shown that writing “reduces physical and mental stress associated with loss”⁴⁵. Working together, caregiver and careseeker, can deconstruct written text, looking for themes⁴⁶, while identifying life-limiting and life-giving beliefs and practices.

So, what is involved in a “good” story or account of traumatic loss? Romanoff identifies a “good story” as one “that is coherent and enlarges the domain of experience”⁴⁷, and he suggests that often there is a change in the careseeker’s story. He argues the goal of a therapeutic relationship is change; “because of its reflexive nature, narrative is a powerful vehicle for change”⁴⁸. Change involves, as stated above, re-authoring one’s story. *What does this really mean? What does a “re-authored” trauma story look like?*

Joan, the mother of the nine year old who was viciously stabbed at a town fair, was initially tormented by the suffering Katie endured in those moments before her death. Joan remembers rushing to Katie’s side when she heard the screams, lifting her up in her arms, then placing her down again. “I got to my knees and very gently put her down”⁴⁹, Joan recalled. “Her chest began having and she started to vomit blood...I screamed for help, but there was nothing I could do to stop the vomiting”⁵⁰. Months after Katie’s death, Joan reflected on witnessing her daughter bleed all of the blood out of her, “I had to know what she went through, what she felt...”⁵¹. From the way Joan’s reflection reads, it seems she had recalled, over and over, the look on her daughter’s face after the attack. She focused on the look in Katie’s eyes, seeming to rehearse it time and time again in her mind. Joan noted that at one point during those traumatic moments, she saw “some glimmer in her eyes” then remembered a “look of surprise”⁵².

Over the months that followed Katie’s fatal stabbing, Joan seemed to reconstruct her interpretation of what she saw in Katie’s face in her dying moments. She worked through the story with her friend, Susan, who also witnessed the horrific attack. Joan eventually realized that

although the attack was terrifying for her, it was not that way for her daughter. Recalling the look on Katie's face, Joan said it "looked like a release...almost like an innocence – an innocent release"⁵³. "As her mother", Joan reflected, "amidst all of that blood and everything else, it was actually soothing to look into her eyes...Even though she was unconscious, I felt that somehow she knew I was there...I brought her into the world and I was there when she was leaving – in spite of the terror and horror of it, I was there"⁵⁴.

Joan's reconstructed narrative of Katie's dying moments was not simply an account of the facts surrounding that chilling afternoon in Connecticut. Her story, still including the terror of the event and expressing the hurt of the loss, has meaning beyond the horror. Joan created language, without omitting or denying the reality of the violence present in Katie's traumatic death, which extends beyond the suffering both she and Katie endured. Joan writes, "There came a point when I was with her that I felt like she was out of her body, floating up there looking down on herself"⁵⁵. The look of "release" Joan refers to reveals a belief in benevolence, or at the very least, a belief in the possibility of peace.

Active and empathetic listening, paired with gentle guidance of a pastoral caregiver can be instrumental in co-constructing a "good story", one that reflects a change in the careseeker's narrative. The goal is for the careseeker to be actively engaged in the process of re-authoring his or her own story in a way that fosters creativity, provides a sense of agency, promotes compassion and reconnects him or her with a sense of goodness.

Extending Stories and Longer-term Meaning Making

Narratives are not only reconstructed but also extended to provide longer-term meaning to survivors of traumatic loss. Since, as Shelly Rambo says, trauma is "what remains", griever may never fully recover from the wounds trauma creates. Remaining bonded with the memory of

the person who died while concurrently experiencing a sense of goodness can be healing in a restorative and deeply meaningful way. Oftentimes, the telling of stories and extension of the narrative involves can be healing through a sense of “giving back”, becoming “healing through altruism”⁵⁶.

A story recently released in the *Paulick Report*, a horseracing website, tells the story of husband coping with the traumatic loss of his wife. Pete, a horse trainer and owner, and his wife and former jockey, Liz, had moved to Kentucky to re-enter the horse industry after being away from it for some time. As the couple was settling into their new home, life took an unexpected, devastating turn. While Liz was crossing the street after retrieving the mail, she was struck by a truck and killed. Coping after Liz’s death was very difficult for Pete. “I was in reverse”, Pete reflected, “I didn’t know what I was going to do”⁵⁷.

A few months after Liz’s traumatic death, Pete bought two horses and named them after his wife. “Naming them after her was a big help because she’s always with me...with them”⁵⁸, Pete recalls. Four years later, Pete takes great pride in caring for the two mares, whom he affectionately calls “his girls”. He attends to them closely and is deeply concerned about their care. He has quit his day job in order to focus his attention on his horses, and he admits he has become very emotionally attached. Raising and working with his two mares, Vision of Liz and Rena Starlight, has helped Pete “build a new chapter in his life”⁵⁹.

Once Pete’s mares can no longer race, he will likely step away from the training business. “This is my last go-round”⁶⁰, he says. Through honoring his wife’s memory and giving of himself to care for his horses, Pete has reconstructed and extended his story of traumatic loss. Pete’s story has meaning and purpose, and it allows him to remain connected to his wife. His story is a changing narrative, one that holds onto the reality of continued grief but also lets go of

parts of the story that no longer have meaning. “Letting go” of retired parts of a story makes room for new meanings.

VI. The Journey of Healing & Healing Practices

Defining Healing

A dictionary defines “to heal” as “to become whole”, “to restore health” or “to cure”. These definitions infer that we are “healed” when our health is restored and we become whole again. But is this reality in all cases? The previous sections have described the complex nature of traumatic loss and concurred with Shelly Rambo’s argument that trauma is “what remains”. So, is “healing” something that is ever reached or is it a continued evolving process?

Howard Clinebell argues that healing is growth towards wholeness, which is a “journey, not the arrival at a fixed goal”¹. He describes this journey as growing towards six dimensions in life: enlivening one’s mind, revitalizing one’s body, renewing and enriching one’s intimate relationships, deepening one’s relationship with nature and the biosphere, growth in relation to the significant institutions in one’s life, and deepening and vitalizing one’s relationship with God². In a general way, pastoral caregivers are companioning and guiding careseekers on their wholeness journey of growth and change. Clinebell describes a pastoral counselor as a “liberator, an enabler of a process by which people free themselves to live life more fully and significantly”³.

The next section will build on the role of the pastoral caregiver in caring for survivors of traumatic loss. Healing practices and theories are identified and explored.

Healing Practices

The previous sections have covered a variety of pieces and parts describing the role of pastoral caregivers to survivors of traumatic loss. The themes covered in those sections range from the significance of exploring theodicy in way that connects with goodness, the healing power of lament, storytelling and the work of reconstructing meanings from trauma stories through a trusting relationship with a pastoral caregiver. Interwoven with these themes are the influence of social support and community, the role of prayer, and the role of forgiveness.

Social Support

We do not find the meaning of life by ourselves alone - we find it with another.

~ Thomas Merton

A pastoral caregiver providing support to survivors of traumatic loss should evaluate the careseeker's level of social support. Friends, family and the surrounding community can play a helpful role in providing care and support as well as in handling practical matters when a traumatic death occurs. Since traumatic loss is unexpected, usually no preparations have been made for funeral and burial services or other practical matters. In the immediate phase, friends and extended family can be effective at helping getting tasks done as well as being present in the vulnerability and rawness of shock. Survivors of traumatic loss may need the support of others to sustain them in the acute phase of traumatic loss. As Thomas Merton advises, "We must be willing to accept also the bitter truth that, in the end, we may have to become a burden to those who love us...It takes heroic charity and humility to let others sustain us when we are absolutely incapable of sustaining ourselves"⁴.

Unfortunately, some grievors who appear to have support systems "find over time that in reality, little patience, compassion, and extended support are in the environment"⁵. As the grief

journey unfolds, social support may dwindle off. Many times, support is strong in the early stages of grief, but in the weeks and months following a loss, social support is less present. This social response is consistent with the cultural response to grief, as noted by Alan Wolfelt: “North America’s short social norms, borne of a too-linear understanding of grief, sometimes making getting ongoing support very difficult”⁶.

Since social support often decreases after the acute phase of loss, support groups may be helpful to grieving persons, especially in the months and years that follow a traumatic loss. Additionally, support groups may be sustaining to certain griever who are at risk for lack of social support in any phase of grief. Those at risk may be griever involved in stigmatized circumstances such as suicide or homicide⁷. Support group leaders play the role of educating griever, validating feelings and offering suggestions for coping⁸. While many support groups prove to be valuable and beneficial in the grief process, it is important for pastoral caregivers to be mindful that not all support groups are helpful. Groups that are run poorly may “complicate grief”⁹. It is essential that support groups have effective leadership, that they create a safe space for sharing and that griever do not feel forced into revealing their stories¹⁰.

Though American culture does not encourage giving and accepting support as much as it should, friends, family and organized groups who support the grief-stricken are a necessity. Griever need a supportive environment “because of the isolation, loneliness, shame and guilt they may experience”¹¹. As Parker Palmer writes, “The destination is too daunting to be achieved alone: we need community to find the courage to venture into the alien lands to which the inner teacher may call us”¹².

Prayer

The function of prayer is not to influence God, but rather to change the nature of the one who prays.

~ Søren Kierkegaard

Pastoral caregivers explore careseekers' spiritual orienting systems and self-understanding around the question of theodicy through conversation about prayer. Reflective thought regarding *how* one prays and *what* one prays for may reveal how one relates to and views God. For example, prayer for God's intervention in a certain situation may reveal a belief in an all-powerful God. Prayer for God's collaboration and presence may reveal a belief in a relational God, one who is "interdependent *with* the world" as opposed to one who is interdependent of the world¹³. As the previous sections have demonstrated, belief in an all-controlling God can pose problems in the face of traumatic loss. A belief in God who could have controlled a situation but chose not to may lead to negative coping and further psychological and emotional distress. Guiding careseekers toward a belief in benevolence, which will strengthen their capability to cope with ambiguity, helps them experience God's presence, compassion and goodness.

The practice of prayer, if used in collaboration with God, connects us to the realm of transcendence and encourages us to recognize God's presence in all things. In her book, *As Marjorie Suchocki asserts in her book *In God's Presence* that God's power is like "rushing water" that "fills" and "honors" all spaces; it is not one with a "single purpose" but a power "with all matter, present to it, pervading it with presence, with multiple purposes"*¹⁴. Prayer, Suchocki argues, brings us into communion with God. God "woos us to partnership through prayer"¹⁵, she posits, suggesting that collaboration with God leads to positive change: "Prayer changes the way the world is, and therefore changes what can be"¹⁶.

John Cobb's writing on prayer compliments Suchocki's and offers additional insight that is helpful to survivors of traumatic loss, as they work to reconnect with goodness and find meaning beyond their suffering. Cobb poses that prayer can be thought of having four purposes: (1) a practice of a loving attitude, the "exercise of love", (2) an awakening of gratitude and a practice of openness...it allows us to "become more open to the unpredictable call of God", (3) a practice of self-examination, and (4) a cultivation of an "attitude of willingness to be crucified repeatedly to the old self and to rise repeatedly to the new"¹⁷.

Leaning on these concepts articulated by Suchocki and Cobb, pastoral caregivers can encourage careseekers to participate in prayerful practices that nurture openness to transformation, foster a loving attitude, and commune them with the love and compassion of God. Engaging in life-giving prayer serves a helpful and meaningful role in the growth towards wholeness. Since developing a coherent account of a traumatic experience is an important step in the healing process, survivors of traumatic loss may use prayer time as a way to create language around the trauma through conversation with God or through lamentation and simply crying out to God. Prayer also helps mourners identify what they need in terms of support; prayer may connect grievors to beneficial support. Both Suchocki and Cobb write about engaging in prayer as a way to open oneself up to change. The practice of a loving attitude that prayer cultivates combined with a willingness to be transformed encourages both compassion – for self and others – and tolerance to ambiguity while remaining anchored in a belief in love, goodness and divine presence. This concept, if practiced on a grandiose level, could in fact, change the way the world is, as Suchocki boldly claims. Prayer, as Suchocki and Cobb describe it, is a powerful practice that has mystical elements to it that we may never fully know or understand. The growth-oriented, restorative practice of prayer unites us with the love and compassion of God, whose

presence is “flowing through the universe”¹⁸, and whose goodness becomes a source of hope in the process of meaningful change.

Forgiveness

When you forgive, you love. And when you love, God’s light shines upon you.

~ Jon Krakauer

Forgiveness, like grief, is a process. In cases of traumatic loss, forgiveness of self, of the deceased or of other people involved in the death becomes important and valuable in many circumstances. The process of forgiveness can be restorative and healing, leading to increased psychological well-being¹⁹. In contrast, chronic unforgiveness contributes to adverse health “by perpetuating stress beyond the duration of the original stressor, heightening cardiovascular reactivity during recall, imagery, and conversations about the hurt, and impairing cardiovascular recovery even when people try to focus on something else”²⁰. Pastoral caregivers should help mourners identify potential feelings related to unforgiveness – related to self and to others - and guide them in their process of working towards forgiveness.

Guilt is not an uncommon reaction when a loved one dies, and this is especially true in cases of traumatic death. A “sense of preventability” is experienced by many grievors, and although “unrealistic perceptions” often exist, sometimes there are situations when someone’s choices or behavior impacts the circumstances of death²¹. Other emotions may surface in circumstances of traumatic loss, such as anger or resentment related to unresolved relationship issues or, anger related to the cause of death, etc. When the circumstance of death is traumatic, a complex set of emotions are often experienced by survivors. Suicide, for example, may bring questions about preventability of the death and survivors may feel extreme guilt or shame, or survivors may feel betrayed and angry. In their article, *Forgiveness Therapy with Parents of*

Adolescent Suicide Victims (1996), Al-Mabuk and Downs assert that “the aftermath of suicide is often experienced by parents as an emotional injury”²² involving anger, guilt and possibly shame.

In cases of excessive guilt and shame, self-forgiveness becomes essential. As Everett Worthington notes, “the consequences of not forgiving the self may be more severe than the consequences of not forgiving another. One can avoid an unforgiven perpetrator, but one cannot escape an unforgiven self”²³. If there is realistic reason for the presence of guilt, it is important to acknowledge and accept responsibility while concurrently encouraging compassion towards the self. As Fisher and Exline note in their article *Moving toward self-forgiveness: Removing barriers related to shame, guilt, and regret* (2010), “Several scholars have proposed that accepting responsibility for one’s offenses is a vital part of authentic self-forgiveness”²⁴. But, as several forgiveness scholars point out, an inappropriate emphasis on guilt (or guilt that lasts too long) and/or a feeling of shame is unhealthy, destructive and likely does not foster self-forgiveness. The “key”, as noted by Fisher and Exline (2010), “seems to be finding ways to accept responsibility for one’s offenses without lapsing into extreme negative emotions that take energy away from the important tasks of relational repair and personal growth”²⁵. In the safe space of pastoral care, survivors of traumatic loss work with caregivers to identify emotions related to guilt and shame and identify if guilt is excessive and unrealistic or if it is reasonable. Once the emotions are evaluated, a caregiver is in a unique position to help a griever connect with a sense of compassion through deliberate and intentional care and love for oneself.

Working towards forgiveness of another, perhaps the deceased person(s) or someone involved in the death, involves intentionality and persistence. Worthington et. al (1998 & 2000) highlight empathy as a “central component” to their “Pyramid Model” (*empathy, humility and*

commitment) of developing forgiveness²⁶. Compassion towards others, in general, leads to greater forgiveness, as does the ability to “walk in someone else’s shoes”²⁷. In addition to developing empathy and humility (i.e. recognizing one’s own limitations and imperfections), making a commitment to forgive is a central piece of the forgiveness process²⁸. This is articulated further through Worthington’s use of the acronym “REACH” to describe a “forgiveness intervention”, which is based on the Pyramid Model²⁹. REACH involves the following: “*recall* the hurt”, “*promote empathy*”, “*give an altruistic gift of forgiveness*”, “*commit verbally to forgive*”, and “*hold on to forgiveness* because it is inevitable that past hurts will be remembered”³⁰.

As pastoral caregivers companion mourners in their grief process, they guide careseekers in exploring negative emotions associated with unforgiveness, such as anger, resentment, guilt and shame. Through the process of identifying the presence of these emotions, a caregiver should concurrently promote self-forgiveness, compassion and empathy. Through their non-judgmental, and attentive listening, caregivers extend compassion to careseekers, which carry forward into a connection with a sense of benevolent, divine presence. Additionally, encouraging a careseeker’s commitment to a process of forgiveness - “holding on” to forgiveness - will lead a careseeker to greater self-understanding, increased well-being and further development of a life-giving meaning-making process of integrating the loss into his or her life.

Other Practices

There are many helpful practices, such as meditation and guided imagery, that people affected by traumatic loss can use to reduce the frequency and intensity of stress responses that trauma elicits. Such practices, like prayer, can help one feel connected to a sense of sacredness and peace. Pastoral caregivers should suggest practices and explore which ones could be helpful

and meaningful to the careseeker. Deep breathing and meditation are effective practices for lowering anxiety and stress, which are common physical symptoms of traumatic loss and grief. Deep breathing is a very easy, valuable tool to evoke a relaxation response in the midst of a stress or “fight or flight” response. When the body is experiencing a stress response, taking deep breaths “encourages full oxygen exchange”, which results in a slowing heartbeat and stabilization or lowering of blood pressure³¹.

Meditation is another tool that not only promotes relaxation but also encourages long lasting, positive results. Recent research findings in a study published in the *Harvard Gazette* (2012) support previous research that meditation positively affects brain activity. The study also supports the hypothesis that meditation practices “may result in enduring beneficial changes in brain function, especially in the area of emotional processing” even when someone is not meditating³².

Guided imagery is a tool that proved to be helpful to me, following the traumatic death of my brother. As Dorothy Becvar describes, survivors of traumatic loss may be “haunted” by the “final mental picture”, which “conjures up anguish about the circumstances of the person’s dying”³³. In guided imagery, an approach directed by the self or another, the painful image is brought to mind. Through guidance, the affected person goes through a mindful process of changing each disfigured feature until the body is whole again. The process involves directing healing and love to the deceased person, and it gives a survivor of traumatic loss a sense of “ministering to the one who died”³⁴. If a careseeker is struggling with recurring painful images, this practice gives him or her a process to follow when the image is present, thus reducing anxiety and slowing the stress response. For me, it helps to associate my brother with images of wellness and wholeness, rather than images of pain and disfigurement.

Restorative yoga and acupuncture are practices that are effective for Serene Jones, author of *Trauma and Grace*. Recognizing the connection between “bodies” and “stories”, Jones states, “The physical action that initiates both practices is a disruptive encounter with an ‘other’ that is both welcomed and disturbing. In the case of acupuncture it’s the prick of a needle guided by the doctor’s hand. With yoga, it is the first big intake of air”³⁵. Jones believes that practices like yoga and acupuncture bring in an “external presence”, such as a needle or air, which “bears upon the body by breaking open and traversing normal physical boundaries”³⁶. These encounters bring awareness to areas of pain, pulling “interiorized wounds into open, conscious space”³⁷. Jones posits that it is in these moments that grace appears: “From a place from beyond”, Jones states, “grace comes toward us, disturbs us, traverses our boundaries, and dwells disruptively within us...”³⁸. The practices, which become a physical experience of letting go of the self while “being safely held while it happens”³⁹. In these moments, “we are undone yet also held together in the strong grip of divine compassion”⁴⁰.

Writing, listening to music or taking a walk in nature can also bring about calming effects and open up griever to a sense of grace and compassion. With the guidance of a caregiver, griever are able to explore and monitor which practices are helpful and useful to them and work to incorporate more of those practices into their daily lives.

A Note about Self Care

Self-care is necessary not only for careseekers but also for caregivers. Pastoral care counselors should be mindful of assessing their own coping responses to stress and emotionally distressing situations. Caregivers should evaluate and use life-giving, healing practices that are restorative and meaningful to them.

VII. Conclusion

As demonstrated throughout this thesis, traumatic loss often shatters how survivors perceive themselves and their worlds¹. While not every traumatic event causes long-lasting effects, some experiences can cause significant negative psychological effects in individuals. Traumatic experiences can “shatter hopes, destroy confidence, and cast people into despair to last a lifetime”² and in some cases, lead to the development of Post-traumatic Stress Disorder. Traumatic loss poses challenges to survivors’ faith systems and theological understanding of God. In the midst of grief, people often search for God or a higher power³. This searching for God serves as an attempt “to find a way to bring some order out of the chaos of loss”⁴. The “chaos” of traumatic loss translates into a survivor’s challenge of developing a coherent account of the experience, integrating the loss into his or her life, and creating longer-term meaning that extends beyond hurt and pain.

Pargament’s arguments related to a strong, life-giving spiritual orienting system teach us that a belief in benevolence helps us to connect with a sense of compassion and goodness. Holding on to a belief in benevolence helps us to develop a tolerance to stress, ambiguity and uncertainty. Remaining grounded in the belief in power of goodness brings a sense of hope and calm to those experiencing fear, anxiety, sadness or despair. But, as this thesis has argued, Pargament’s claim is challenged in the face of traumatic loss, since the nature of trauma is that it does not “fit” into normal expectations. Traumatic events are outside of our understanding of natural order. In some sense, trauma feels inherently wrong to the survivor. It is difficult to hold onto a belief in benevolence when one feels overwhelmed and alone in the darkness. Questions about God’s power, His existence or and His morality may arise. It is nearly impossible to reconcile traumatic loss with a God who is interdependent *of* the world – a God who controls all things.

A God who is interdependent *with* the world, as Suchocki states, is a “God gives to the world and receives from the world; the world receives from God and gives to God”⁵. It is in the interconnectedness with which we commune in the presence of God. Through the lens of a belief in a relational God, we can experience a sense of sacredness everywhere – through our relationships with one another, in the sounds of music, in the air and earth of our natural surroundings, in light and in darkness. While it is hard to see and feel God in darkness, there is always a “lightly built bridge”, as Shelly Rambo names it, that stands over the depths of the abyss, and it is there to carry all of us to safety.

While pastoral caregivers offer what other counselors can offer to the bereaved – someone to care, listen and offer guidance – they are more familiar with “faith issues” the grief-stricken often face⁶, and they understand and can speak spiritual language. Through creating a space safe for sharing and embodying a compassionate presence, caregivers help the bereaved deliberate over theological beliefs that are potentially damaging and life-limiting and guide careseekers towards identifying life-giving practices and beliefs that connect them with goodness and divine presence. Pastoral caregivers play a helpful and significant role in co-constructing stories that help griever integrate a traumatic loss into their lives in a way that provides meaning for them, thus encouraging caregivers to engage in a process of what Neimeyer calls “re-authoring” their stories.

Pastoral caregivers are in a unique position to help survivors of traumatic loss see, feel and touch the lightly built bridge over the abyss while concurrently honoring the reality of the “no place”⁷ of grief. Caregivers affirm and validate the hurt while gently guiding griever towards life-giving healing practices that connect careseekers with a sense of comfort, compassion and hope. More significant than counseling “tools” is *presence* with the “other”. It is presence that

creates safety and trust; a foundation from which the journey towards wholeness can grow. In being what Diedrich, Burggraeve and Gastmans call a *naked presence*, a caregiver will intuitively understand how to create a sacred space for sharing and beginning the healing process. In *naked presence*, caregivers know how much light to make known to a careseeker living in the “wilderness” of bereavement⁸. As Herbert Anderson writes, “It is important that those who care enter the darkness of grief with a small light... When it is very dark, we need very little light. When it is very dark, we are easily overwhelmed by too much light...”⁹. A small amount, though, may be just enough to “lighten the darkness...”. In the darkest valley, “a little light goes a long way”¹⁰.

*He makes me lie down in green pastures; he leads me beside still waters;
he restores my soul...*

Survivors of traumatic loss know that they cannot return to life before the trauma. Traumatic loss fundamentally changes us; survivors are forced to rebuild life beyond the loss. Our souls become wounded from the effects of trauma, and they need to be restored. While a dictionary’s definition of “to restore” might read “to reinstate” or “to return to a former condition, place or position”, trauma survivors know their pre-trauma life cannot be reinstated. A better description of “to restore” may be to reconstruct, to re-create and to renew. *Restoring* involves making something different...something new. A restored soul may appear the same from the outside, but it is transformed within. Souls are restored through moving forward honestly and with a sense of wonder¹¹ - a sense of openness to the mysteries of life and with a willingness to be changed. Journeys through pain may not feel like restoration, but they are.

Moving through the experience of traumatic loss is restorative since it is journeyed in the presence of God, divine or whatever one names as sacred. Our processes of creating meaning beyond the suffering we endure in our lives become a pilgrimage, and our questions about God's goodness are answered *Solvitur Ambulando* – they are solved by walking, even in the darkness.

Through darkness, survivors of traumatic loss walk gently, forward and upward. In doing so, they experience divine presence through creating deeper connections with themselves, with others and with their world. God's love comes, even “amid violent ruptures”¹², and this love gives us the ability to “hold the loss” and “bear terrors of heart and body”¹³, and still move forward. Pastoral caregivers meet grieverers in the darkness, “where the wounds hurt most”¹⁴, and stay there “until the darkness is full and clear”¹⁵. Caregivers and careseekers who meet and walk together in the darkness hold tightly onto the seemingly distant truth that the light will shine through, that we are never left alone, and that our souls will be restored.

*To go in the dark with a light is to know the light.
To know the dark, go dark. Go without sight,
And find that the dark, too, blooms and sings,
And is traveled by dark feet and dark wings*¹⁶.

~ Wendell Berry

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